

Client Identifier: _____

Please complete this form by filling in your answer or checking the appropriate box.

All information is CONFIDENTIAL and will help us meet your needs.

1. How many people have you had sex with during your lifetime? If you answer 0 (zero), go to question #10.

☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 20+

2. How many people have you had sex with in the last 3 months? _____

3. My sex partners are (check all that apply):

☐ Men ☐ Women ☐ Both

4. Do you participate in: Anal sex?

☐ YES ☐ NO

Oral sex?

☐ YES ☐ NO

Vaginal sex?

☐ YES ☐ NO

5. When you have sex, do you use a condom or other barrier?

☐ Always ☐ Most of the time ☐ Not that often ☐ Never

6. Have you ever paid for sex or traded sex for drugs, food, clothing, etc?

☐ YES ☐ NO

7. Have you ever had sex while high on drugs or alcohol?

☐ YES ☐ NO

8. Have you ever had sex with someone infected with (check all that apply):

☐ Hepatitis B ☐ Hepatitis C ☐ HIV/AIDS ☐ STD ☐ Not sure

9. Have you ever had sex with someone who injected drugs?

☐ YES ☐ NO ☐ Not sure

9b. If YES, was it (check all that apply):

☐ Current sex partner ☐ Past sex partner

10. Check any disease or condition you have had (check all that apply):

☐ Syphilis (bad blood) ☐ Genital/Sex Warts ☐ Gonorrhea (clap) ☐ Herpes ☐ HIV
☐ Chlamydia ☐ Trichomonas (trich) ☐ Hepatitis A ☐ Hepatitis B ☐ Hepatitis C
☐ Women –infection in your tubes/womb (PID) ☐ Men-burning or drip from penis (not gonorrhea or chlamydia)

11. Have you ever used non-injecting drugs like marijuana?

☐ YES ☐ NO

12. Have you ever injected drugs?

☐ YES ☐ NO

12b. If YES, did you ever share needles, syringes, or “works”?

☐ YES ☐ NO

13. Have you ever snorted drugs (i.e., cocaine, speed, heroin, ecstasy, meth.)?

☐ YES ☐ NO

13b. If YES, have you ever shared straws while snorting?

☐ YES ☐ NO

14. Was your mother infected with hepatitis B when you were born?

☐ YES ☐ NO ☐ Not sure

15. Have you ever lived in the same house with someone infected with hepatitis B?

☐ YES ☐ NO ☐ Not sure

16. Have you ever been in jail, prison, or a detention center?

☐ YES ☐ NO

17. Did you ever have a blood transfusion before 1992?

☐ YES ☐ NO ☐ Not sure

18. Have you ever had a tattoo?

☐ YES ☐ NO

19. Have you ever had body piercing (other than your ears)?

☐ YES ☐ NO

20. Have you ever been tested for HIV?

☐ YES ☐ NO

21. Have you ever received (check all that apply):

☐ Hepatitis A vaccine ☐ Hepatitis B vaccine ☐ Hepatitis A & B (TWINRIX) ☐ Not sure

I do not want to answer any of the questions above, but I would like to be vaccinated against (check all that apply):

☐ Hepatitis A ☐ Hepatitis B ☐ Both